2002 National Medicaid HIPAA and MMIS Conference

3.2.2

Improving Program Evaluation and Oversight

Workshop Purpose

- To discuss and explore potential high level IT knowledge management solutions to improve the oversight and evaluation of Medicaid funded services
 - ✓ Ensure wellness
 - ✓ Promote quality
 - ✓ Improve community based program effectiveness

Workshop Team

Facilitator

Carol Karps

Senior Policy Consultant

FOURTHOUGHTGROUP

S-TAG Subject Matter Expert

Frank Spinelli

Administrator, Medicaid

Rhode Island Department of Human Services

Federal Subject Matter Expert

Wayne Smith

Deputy Director, Finance, Systems and Quality Group

Centers for Medicare & Medicaid Services

Private Sector Subject Matter Expert

Fran Finnegan

Vice-President, Development

Health Watch Technologies

Technographer

Michelle Mickey

Senior Policy Associate

APSHA/Association of State Medicaid Directors

Participants included:

- Representatives from 18 states
- CMS- central and regional offices
- Fiscal Intermediaries
- Private vendors with software products
- Private community service providers
- Private consultants

History

Ensuring Wellness

- ✓RI pilot care management for 35 diabetics
- ✓ Federal immunization registry children <2yrs
- ✓ 6 NE states pilot "kiddie psychopharmacology" tracking project
- ✓WI data from LTC waiver integrated into DSS, disease management links
- ✓NH integrating mh client data with public health; tracking dual diagnosis
- ✓ MD Rx utilization and drug interactions

History

Promoting Quality

- ✓ Private models with a data base, can write different algorithms to measure quality indicators
- ✓ Private hospital experience applying key measures for population management
- ✓ Providers fear being outliers for fraud oversight

History

Improving Community Outcomes

- ✓ Tools to identify high risk populations Ohio
- ✓ Wisconsin elderly waiver pilot for quality indicators
- ✓ Maine web based nursing home assessments
- ✓ Private –Rx and claim data to id high risk
- ✓ Private- software for home based assessments

- HIPAA TCS, Privacy and Security
 - ✓ Confusion of data access across agencies
 - ✓ Used as reason now for resistance to share
 - ✓ Accounting of disclosures/audit trails
 - ✓ State rules more of a barrier
 - ✓ Is 1902(a)7 Medicaid rule a barrier
 - ✓ Impact of code changes on data systems
 - ✓ MSIS Data definitions won't match between legacy systems and provider data

- Uniformity of data and outcome definitions
- Uniformity of data collection
- Consistent performance measures
- Integration of hospital and community data
- Sharing successful program outcomes across programs and states – best practices
- Tracking assessments over time and converting to outcome measures

- How to show cost benefits?
 - ✓ Linkages between costs, claims, outcomes
 - ✓ Linkages between claims and treatment plans
 - ✓ Linkages between systems
 - ✓ Communicating benefits of collecting data
- Converting data to information to influence policy and decision makers
 - ✓ Scarcity of \$ and competing state/fed priorities
 - ✓ Educating legislators and public

- How to award the innovator?
- How to create financial incentives that promote quality outcomes?
- How to collect data and integrate into codes?
- How to "package" information and use forecasting for best results?
- How to translate individual data to technology to track outcomes?
- How to create universal systems to track longitudinal data, code, and collect data?

Opportunities

- Incorporate "core measures" (e.g., HEDIS)
- Build upon existing PRO/QIO relationships
- Cost benefits can be reinvested
- Policy changes based upon information
- Financial incentives that reward innovation

18 Solutions including

Systems Design

✓ Preventive measures, predict risk, track individuals

Policy

✓ Using outcome data to influence policy

Data Warehouses

✓ Interoperable

Skills

✓ Training & resources

Next Steps

- Follow-up workgroup
- Volunteers
- Listserv